

EXHIBIT AB



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PSYCHOLOGICAL REEVALUATION

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Patient Name: Jessica Kahraman
Gender: Female
Date of Birth:
Age:
Case Manager: Madison Bell
Participant ID:
Date of Evaluation: 02/20/2020
Evaluator: Mary Oakley, Psy.D., CMPC
Licensed Psychologist

Reason for Referral

Ms. Kahraman was referred for a psychological reevaluation to assess her current mental health functioning, comment on her ability to parent, and to provide treatment recommendations.

Ms. Kahraman was aware she was referred for the evaluation by DCS. She was informed of the purpose of the evaluation. The limits of confidentiality were discussed, including that any statements made and test results could be included in the final report which was being forwarded to DCS and could be admitted to court. Ms. Kahraman agreed to participate in the evaluation and signed the necessary consent forms. Findings of the evaluation were based solely on interviews with Ms. Kahraman and Father in this case, Mr. Kahraman, test results, and records noted. It is possible additional information could alter the ultimate conclusions and recommendations of the evaluation.

Records Reviewed

Records provided by DCS include the following:

- Report to the Juvenile Court for Permanency Hearing dated 12/06/2019
- Medical Report completed by Michael Kelly, M.D. dated 12/02/2019
- Arizona Department of Child Safety Case Plan dated 09/30/2019
- Psychological Evaluation Report completed by Mary Oakley, Psy.D dated 04/16/2019
- Report to the Juvenile Court for Preliminary Protective Hearing and/or Initial Dependency Hearing dated 01/08/2019
- Comprehensive Child Safety and Risk Assessment dated 12/19/2018

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and did not follow her instincts. When considering this and additional medical information, it is possible that Ms. Kahraman was experiencing delusions (fixed beliefs that are not amenable to change in light of conflicting evidence) related to her son's health. This option appears more likely a possibility than the idea that she intentionally harmed the children. It appears, however, that at this time, Ms. Kahraman has been able to be more accepting of the medical evidence that contradicts her previous beliefs. Furthermore, Ms. Kahraman has not demonstrated any other signs of psychosis. Her history of anxiety may have been responsible for some of the medical concerns she previously endorse about herself. Medical follow-up is advised if she continues to experience significant physiological symptoms.

Ms. Kahraman continued to speak of health factors that she believes may have contributed to the children's health difficulties and was overly elaborative. It is possible that she is holding on to some of her previous beliefs, yet, she is able to see that she made mistakes and to described what she needs to do differently in the future. While various parties have expressed concern that Ms. Kahraman will return to a strict diet for the boys if they are placed in her care, she described that she will feed them a mostly healthy, balanced diet with occasional snacks and treats, which is appropriate. She also described that she is no longer hyper focused on all natural medical care and household products. She stated that she now recognizes the value of more traditional medical care that saved Kenan. She added that she can be more accepting of medical provider's opinions, rather than feeling as though she has to be a collaborator.

Overall, Ms. Kahraman meets criteria for the following diagnoses:

Traits of Obsessive-Compulsive Personality Disorder

History of Anxiety Disorder

History of Delusional Disorder (Possible)

DCS Questions/Recommendations

- 1) Per the criteria outlined in the most recent version of the DSM, does the parent meet the criteria if a mental illness, substance abuse disorder, or intellectual disability and/or neurocognitive disorder? If the parent does not meet full criteria, discuss any mental health, substance use (legal, illegal, and/or prescription) or cognitive symptoms that are clinically significant. How does the presence of these symptoms or disorders impact the ability to safely parent the child? Are there reasonable grounds to believe that the condition(s) will continue for a prolonged, indeterminate period of time? On what do you base this conclusion?**

Ms. Kahraman was still noted to have traits consistent with Obsessive Compulsive Personality Disorder. She described, and her test results and her test results and presentation support, that she has been making progress in recognizing the traits and not letting them consume her beliefs and actions. Ms. Kahraman endorsed a history of significant anxiety, occurring prior to when the children were removed from her care. It is also noted that she may have been experiencing a Delusional Disorder at that time, though she appears to be more accepting of medical evidence and her role in the children's health problems at this time.

- 2) Based on the information provided about the child(ren), what factors are evident in the parent-child relationship that could impact the ability to parent (Respond to and explain each factor below)?
- Child factors (i.e., age, developmental needs, emotional and behavioral functioning)
 - Parent factors (i.e., parent's view of child, expectations of the child, motivation to parent, flexibility/rigidity, etc.)
 - Parent-child factors (i.e., parents' ability to meet child's needs, developmentally appropriate expectations, timing and duration of separations, etc.)

Ms. Kahraman, and others, have described that the children are healthy. Though, they have been diagnosed with Autism Spectrum Disorder, which is not a curable condition. Ms. Kahraman has demonstrated that she is capable of seeking services for the children and getting them the support they need. She needs to demonstrate that she is capable of not getting hyperfocused or stressed if an issue does arise. Mother has a pattern of becoming hyperfocused on the health of the children and then adhering to rigid guidelines. She admitted to these patterns; she described that she has gained insight into her attitudes and behaviors, and that she has been much less rigid as of late. Ms. Kahraman further expressed that she was desperate for answers and support previously, in part due to high anxiety and lack of support. She was able to recognize that her anxiety was recognized and likely wore off on the children. Ms. Kahraman described that she has made positive changes for herself, which she believes will have a positive impact on her children, if they are returned to her care.

- 3) What is the prognosis that the parent will be able to demonstrate the ability to safely parent the child in the foreseeable future? Explain the basis for your conclusion.
- Consider areas of concern: ((i.e., mental health issues, substance abuse, cognitive deficits, neglect and/or abuse, domestic violence, anger issues, instability, criminal behaviors, ability to identify and acknowledge safety threats) and protective capacities present as well as those that need to be enhanced (i.e., the parent's level of insight into the reasons DCS involvement, any areas of concern, progress/motivation and the current stage of readiness to make the necessary behavioral changes, openness to feedback, level and quality of support, barriers to effective treatment, past treatment success, ability to make use of treatment)).*

Ms. Kahraman's prognosis appears to be improved since her last psychological evaluation. It continues to be dependent on her willingness to be open to gaining insight regarding her role in her children's health issues, and her ability to make the necessary changes as a result. Ms. Kahraman still spoke at length about the children's medical issues, and suggested that there may have been some underlying issues that contributed to their issues. Yet, she acknowledged that malnutrition from their diet was mostly responsible.

- 4) What mental health and parenting services should be offered to the parent to address the areas of concern and assist in building the capacity to safely aren't the child? Discuss treatment focus and if applicable the need for specialized types of

intervention/education. Please include prioritizing of interventions and sequencing of services as well as the measurable desired behavioral changes.

Ms. Kahraman has demonstrated that she is invested in having the children returned to her care. Records have suggested that she has done well at visits and that she has likely demonstrated as much as possible given the current limitations of her interactions with the children. Mother explained that she is willing to make changes. The next steps may include her having more flexibility in her interactions with the children, particularly as it relates to food and her focus on their physical health. Eventually, if they are going to be returned to her care, Ms. Kahraman will need to demonstrate that she can choose appropriate meals for the children. It would be best to do this in a step-wise fashion. Mother also needs to continue to accept that the children are strong and healthy, and to not reinforce symptoms or ailments in the children.

Ms. Kahraman would benefit from continuing with her mental health treatment. She described that she has made significant personal progress. She would benefit, however, from additional insight to help her understand her role in this case. She also could benefit from support to remind her to stick with the changes she has made and not resume her previous patterns of rigidity and inflexibility, especially if she is getting more time or freedoms with the children.

Some sort of mediation or family services would be beneficial if the children are to be returned to both homes. They family needs a parenting plan so that the children have similar routines and rules while in the two different homes; this is particularly important given the children's Autism diagnosis. Mother expressed interest in coparenting with Father, though was somewhat worried about how he would interact with her. **Father expressed disinterest in coparenting.**

- 5) Given the services provided to date, have all reasonable service opportunities been offered to assist the parent in developing the capacity to safely parent the child, or are services futile given the nature and extent of the condition?**

It appears that Ms. Kahraman has been given the services that she needs to be successful; she has also participated in additional services on her own accord. **Loosening the restrictions related to her interactions with the children will help her better demonstrate if she is able to make ongoing, measurable changes. This will need to occur if the children are to be returned to Ms. Kahraman's care.**

- 6) Should the parent be referred for a psychiatric evaluation to determine if medication may be beneficial? Explain the answer.**

At this time, a psychiatric evaluation does not seem warranted.

Thank you for the opportunity to complete this psychological evaluation. If you have any additional questions, I can be reached at (480) 839 6264.

Mary Oakley, Psy.D., CMPC
Licensed Psychologist